

MISCELLANEOUS PERMIT☐ Residential ☐ Commercial**PERMIT
NUMBER:****JOB ADDRESS** (including Suite/Unit #):**LEGAL DESCRIPTION** (if known):

Lot: ____ Block ____ Subdivision _____

Total Lot Area (SQ. FT) _____

BUILDING INFORMATION:

Owner Name: _____

Address: _____

City: _____ Zip: _____

Phone: (____) ____ - _____

CONTRACTOR INFORMATION:

Louisville License # _____

Business Name: _____

Address: _____

City: _____ Zip: _____

Phone: (____) ____ - _____

NOTE: For a multiple trade permit the Sub-contractor signature form with original signatures is required prior to issuance of a permit.**JOB SUPERVISOR:**

Name: _____

Jobsite Phone # (____) ____ - _____

ARCHITECT / ENGINEER OF RECORD:

Name: _____

Phone #: (____) ____ - _____

Email: _____

TYPE OF WORK: ☐ Sign☐ Fence☐ Pergola☐ Elevator☐ Shed☐ Deck☐ Solar☐ AC☐ Furnace☐ Re-roof☐ Re-siding☐ Service☐ Hot Tub☐ Gas Line☐ Windows☐ Construction Trailer☐ Water Heater☐ Sewer/Water RepairMiscellaneous- ☐ Electrical☐ Mechanical☐ Plumbing☐ Other-Please explain in job description**WORK DESCRIPTION:**

Type Of Material Used: _____

Width: _____ Length: _____ Height: _____

Total Sq Ft: _____ BTU: _____ Size: _____

Brand of Material/Appliance: _____

Is this building 50 years or older? ☐ Yes ☐ No**JOB DESCRIPTION:** _____

Valuation

\$ _____

Permit Fee

\$ _____

This application becomes null and void if permit is not issued within 180 days of application date. I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of law and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any state or local law regulating construction or performance of construction. Permit and tap fees are subject to change at the beginning of each calendar year.

Note: a separate permit is required for signs, fences, irrigation systems & swimming pools unless noted on this application. Fees are assessed at time of permit issuance and are subject to city ordinance in effect at that time.

SIGNATURE BLOCK:

Signature: _____ Printed Name: _____ Date: _____

Address: _____ Phone: (____) ____ - _____

Email Address: _____ @ _____ Preferred Method of Contact: ☐ Phone ☐ Email**APPROVALS****SIGNATURES****DATE****COMMENTS**

Building/Electrical

Zoning/HPC

Fire Dept.

Elevator Review